

Pay for Performance in the ACC Program

ACC Phase II Goal: optimize health for those served by Medicaid through accountability for value and experience at every level of the health system and at every life stage.

ACC – Current	ACC Phase II – Proposed
Key Performance Indicators (KPIs)	Key Performance Indicators (KPIs)
 Three program-wide measures Measures changed with program evolution \$1.00 PMPM withheld from PCMPs and from RCCOs Incentives paid quarterly based on regional performance 	 Nine measures, three per outcome domain: Improved Health More Value Better Experience Six of these measures to be identified in RFP and mapped out over the course of the contracts Remaining three measures flexible as the program evolves; to be selected by each RAE from a "menu" each year
Performance Pool	Flexible Incentive Pool
 30-day follow-up visits post-hospitalization EPCMP – Enhanced standards ACC-SIM Behavioral Health Integration Program – prospective and retrospective payments for SIM Cohort 1 PCMPs Reduced payments for clients unattributed longer than 6 months 	 Main pool of flexible funds to incent performance and alignment with key activities and initiatives Performance metric Provider standards Initiative alignment



Pay for Performance Strategies in ACC Phase II

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Area of Focus	Proposed Performance Driver
Preventive Care	Key Performance Indicators (KPIs)Fee For Service Payment
Management of Comorbid Conditions	BHO RateShared SavingsKPIs
Increased Primary Care Behavioral Health Capacity	Per Member Per Month (PMPM)
Team-based Care	• PMPM
Care Coordination using Health Teams	• PMPM
Client Engagement	Client Incentives
ER/Other Cost Metrics	• KPIs
Social Determinants of Health	New Program Based Payment
PCMP Standards	Mini GrantsFlexible Incentive PoolPMPM
CMHC Quality Standards	Integrated Care BHO Rate